

DRAFT Addendum to the Individualized Education Program, Proposed Form and Manual



*Office of Special Education and
Early Intervention Services*

~~May~~ **JULY** 2006

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Individualized Education Program (IEP) Addendum Manual Insertion

Student Information

Student Name: _____ Date of Birth: _____ Date: _____
Date of Current IEP Being Modified: _____ School: _____ Student ID: _____

Purpose

An addendum may be used to make minor changes to a current IEP. The purpose of this IEP addendum is: *(Check all that apply)*

- ☐ Adding, modifying, or deleting instructional goals and objectives.
☐ Modifying the amount of time in the current program.
☐ Adding, modifying, or deleting related services or provisions related to supplementary aids/services, assessment, or transportation.
☐ Other _____

Participant Signatures

Check the box indicating the IEP Team member who can explain the instructional implications and evaluation results.

Student _____ Parent/Guardian _____
☐ General Ed Teacher _____ ☐ Public Agency Rep _____
☐ Special Ed Provider _____ Other _____
Other _____ Other _____

Rationale

Briefly state the reason why an addendum to this student's IEP is needed:

Present Level of Academic Achievement and Functional Performance

Update the statement regarding this student's present level of academic achievement and functional performance. (See IEP Manual, Section 3.2.) *(Attach any new goal pages behind this page.)*

- ☐ In developing this IEP Addendum, the IEP Team members have considered the student strengths, parental concerns, the results of recent evaluations and assessments as well as the need for program accommodations/modifications due to special factors as listed on the current IEP.

PROGRAMS OR SERVICES

Program/Service	Rule Number	Amount of Time	Frequency	Location
_____	R 340. _____	_____ per _____	_____ times per _____	_____
_____	R 340. _____	_____ per _____	_____ times per _____	_____

List any service(s) to be deleted here:

ACCOMMODATIONS/SUPPLEMENTARY AIDS/ SERVICES/ PERSONNEL SUPPORT	AMOUNT OF TIME/ FREQUENCY	LOCATION

Special Transportation: ☐ No ☐ Yes, specifics:

Assessment: Indicate any changes to assessment as described in the student's current IEP (including accommodations). (See Section 8 of the IEP Manual):

Commitment Signatures

The district agrees with the IEP Addendum and its implementation. Unless noted otherwise, the Addendum will begin on: The duration of this addendum is the duration of the current IEP unless prior to that date and specified here:

District Representative: _____ Date: _____

I, as parent/guardian/student:

☐ Understand the Addendum contents

☐ Have been fully informed of my procedural rights. (Notice requirements attached):
(Choose one)

☐ Agree with the IEP Addendum and its implementation.

☐ Do not agree with the IEP Addendum. This Addendum cannot be implemented.

Parent/Guardian/Student: _____ Date: _____

PURPOSE

The purpose of the IEP Addendum is to **make minor changes** to the IEP during the year it is in effect. If substantial or comprehensive changes need to be made to a student's IEP, an IEP Team meeting should be convened to develop a new, complete IEP Team Report.

REQUIREMENTS

Parents and school staff should be made aware of the following: (See also IEP Manual, Section 14, Page 2-3.)

- Required IEP Team members **must be** present at the meeting when the IEP Addendum is developed.
- The IEP Addendum **does not** reset the due date for the next annual IEP Review.
- The IEP Addendum **must be** attached to the IEP that is being modified (all copies).
- The parent **must** receive a copy of the previous IEP with the Addendum attached.
- Either the parent or the school district may request a full IEP Team Meeting in lieu of an IEP Addendum.

APPROPRIATE USES

The IEP Addendum may be used for the following reasons:

- To add, delete, or modify IEP goals and/or short term objectives (However, this may require modification of the student's PLEP statement.);
- To change the amount of time and/or frequency for a program or related service;
- To add or delete a related service from an IEP (the IEP Team must have data to support this decision.);
- To add, delete, or modify a supplementary aid, program modification, or support to school personnel;
- To change a transportation provision;
- To change language related to state or district wide assessment;
- To address the need for extended school year (ESY) services;
- To make short term changes to the IEP;
- To make changes to a transfer student's IEP instead of completing a new IEP.

RESTRICTIONS

The IEP Addendum **may not** be used for the following purposes:

- To determine or re-determine any special education eligibility;
- To change the **type of program** for the student;
- To exit the student from special education.

NOTICE REQUIREMENTS

The superintendent or designee of the operating district assures that:

- (a) To the maximum extent appropriate, a person who has a disability, including a person who is assigned to a public or private institution or other care facility, is educated with persons who do not have disabilities.
- (b) Placement of a person who has a disability in special classes, separate schools, or the removal of a person who has a disability from the general education environment occurs only when the nature or severity of the disability is such that education in a regular class using supplementary aids and services cannot be satisfactorily achieved.
- (c) The placement for the student is as close as possible to his or her home.
- (d) Unless the IEP of a student with a disability requires some other arrangement, the student is educated in the school that he or she would attend if nondisabled.
- (e) In selecting the least restrictive environment, consideration shall be given to any potentially harmful effects to the student or the quality of services that the student needs.
- (f) A student with a disability will not be removed from education in age appropriate regular classrooms solely because of needed accommodations in the general curriculum.

Administration Signature

Section 10 : IEP Addendum

Individualized Education Program (IEP) Addendum Manual Insertion

Student Information

Student Name: _____	Date of Birth: _____	Date: _____
Date of Current IEP Being Modified: _____	School: _____	Student ID: _____

- **Student Name** — Fill in student name.
- **Date of Birth** — Write the month, day, and year.
- **Date** — Indicate the date of the IEP Team Addendum meeting (month, day, year).
- **Date of Current IEP Being Modified** — Indicate the month, day, and year of the current IEP.
- **School** — Write the name of the school building the student attends.
- **Student ID** — Indicate a locally useful student ID number for central registry and record keeping. For everyday users of the Michigan Compliance Information System (MI-CIS) the number should be the MI-CIS ID so that the IEP Addendum can be easily linked to MI-CIS.

Purpose

An addendum may be used to make minor changes to a current IEP. The purpose of this IEP addendum is: <i>(Check all that apply)</i>
<input type="checkbox"/> Adding, modifying, or deleting instructional goals and objectives.
<input type="checkbox"/> Modifying the amount of time in the current program.
<input type="checkbox"/> Adding, modifying, or deleting related services or provisions related to supplementary aids/services, assessment, or transportation.
<input type="checkbox"/> Other _____

The purpose of the IEP Addendum is to make minor changes to the IEP during the year it is in effect. If substantial or comprehensive changes need to be made to a student's IEP, an IEP Team meeting should be convened to develop a new, complete IEP Team Report.

The IEP Addendum **may not** be used for the following purposes:

- To determine or re-determine any special education eligibility,
- To change the type of program for the student,
- To exit the student from special education.

Participant Signatures

Check the box indicating the IEP Team member who can explain the instructional implications and evaluation results.	
Student _____	Parent/Guardian _____
<input type="checkbox"/> General Ed Teacher _____	<input type="checkbox"/> Public Agency Rep _____
<input type="checkbox"/> Special Ed Provider _____	Other _____

All individuals who attend the IEP Team Addendum meeting must be listed on the IEP Addendum. Required IEP Team members must be present at the meeting when the IEP Addendum is developed. For required members and/or excusal, see Section 1, Pages 3-4 of the IEP Manual.

Rationale

Briefly state the reason why an addendum to this student's IEP is needed.

Present Level of Academic Achievement and Functional Performance

Update the statement regarding this student's present level of academic achievement and functional performance. (See IEP Manual, Section 3-2.) *(Attach any new goal pages behind this page.)*

☐ In developing this IEP Addendum, the IEP Team members have considered the student strengths, parental concerns, the results of recent evaluations and assessments as well as the need for program accommodations/modifications due to special factors as listed on the current IEP.

PROGRAMS OR SERVICES

Program/Service	Rule Number	Amount of Time	Frequency
Location			
	R 340.	per	times per
	R 340.	per	times per

Record the type of special education programs and related services to be modified by the IEP Addendum. Include the title, rule number, amount of time and frequency, and location.

ACCOMMODATIONS/SUPPLEMENTARY AIDS/ SERVICES/ PERSONNEL SUPPORT	AMOUNT OF TIME/ FREQUENCY	LOCATION

Note any change in accommodations, special provisions, supplementary aids, services, and personnel supports for school personnel that are provided in regular education classes or other education related settings to enable students with disabilities to be educated with students who are nondisabled. Include the frequency and location.

Special Transportation: ☐ No ☐ Yes, specifics: _____

For transportation, see IEP Manual Section 7-2.

Assessment: Indicate any changes to assessment as described in the student's current IEP (including accommodations). (See Section 8 of the IEP Manual): _____

Commitment Signatures

The district agrees with the IEP Addendum and its implementation. Unless noted otherwise, the Addendum will begin on: _____
The duration of this addendum is the duration of the current IEP unless prior to that date and specified here: _____

District Representative: _____ Date: _____

I, as parent/guardian/student:

☐ Understand the Addendum contents, and

☐ Have been fully informed of my procedural rights. (Notice requirements attached):

(Choose one)

☐ Agree with the IEP Addendum and its implementation.

☐ Do not agree with the IEP Addendum. This Addendum cannot be implemented.

Parent/Guardian/Student: _____ Date: _____

Requirements

IEP Addendum Invitation/Notice

When convening an IEP Team meeting, the agency must invite the parent(s) [R 340.1721b(1); 34 CFR §300.344(a)(1)]. Notice of the meeting may be provided orally, in writing, or both. An IEP Team meeting may be conducted without a parent in attendance if the agency is unable to convince the parent that they should attend. In this case the agency must have a record of its attempts to arrange a mutually agreeable time and place. If transition planning or services are to be considered, the agency must invite the student (34 CFR §300.345).

The parent must be informed of the purpose, time and location of the meeting and who will be in attendance (34 CFR §300.345). An invitation to an IEP addendum meeting, must clearly state that purpose by indicating what aspect(s) of the current IEP are being considered for amendment. Under the provisions of informed consent at 34 CFR §300.500(b), the parent must be informed that:

- the student's current IEP will remain in effect until the next review or reevaluation date
- the addendum cannot be implemented if the parent refuses consent
- the parent is entitled to a full review of the IEP upon request.

Because an addendum to an IEP is never an initial IEP placing a student into special education, the parent signature on the IEP Addendum form is not required to implement the IEP. However, the parent must have the opportunity to sign the IEP Addendum in disagreement before it is implemented, following the conditions and timelines at R 340.1722a.

- Complete the beginning date for the IEP Addendum (month, day, year).
- Indicate the month, day, and year if the ending date of the IEP Addendum is prior to that of the current IEP.
- The IEP Addendum **does not** reset the due date for the next annual IEP Review.
- The district representative must sign and date.
- Notice requirements are found on the back of the IEP Addendum form.

PURPOSE: The purpose of the Addendum to the Individualized Education Program (IEP) is to **make minor changes** to the IEP during the year it is in effect. If substantial or comprehensive changes need to be made to a student's IEP, an IEP Team meeting should be convened to develop a new, complete IEP Team Report.

DRAFT Addendum to the Individualized Education Program

Student Information

Student's Name: _____ Date of Birth: _____ Date: _____

Date of Current IEP: _____ School: _____ Student ID: _____

Purpose

The purpose of this Addendum to the IEP is to amend or modify: *(Check all that apply)*

☐ Instructional goals and objectives

☐ The amount of time in the current program

☐ Related services or provisions related to supplementary aids/services, assessment, or transportation

☐ Other _____

Participants

Student _____ Parent/Guardian _____
(if appropriate)

Local Educational Agency (please provide names and titles) _____

Rationale

Briefly explain why this Addendum is needed:

Present Level of Academic Achievement and Functional Performance

If relevant, update the statement regarding this student's present level of academic achievement and functional performance.
(Attach any new goal pages.)

Amend or Modify Programs and Services

<u>Program/Service</u>	<u>Rule Number</u>	<u>Amount of Time</u>	<u>Frequency</u>	<u>Location</u>
_____	R 340. _____	_____ per _____	_____ times per _____	_____
_____	R 340. _____	_____ per _____	_____ times per _____	_____

Amend or Modify Accommodations, Supplementary Aids, Services, and Personnel Support

	<u>Amount of Time</u>	<u>Frequency</u>	<u>Location</u>
_____	_____ per _____	_____ times per _____	_____
_____	_____ per _____	_____ times per _____	_____

Changes to District and Statewide Assessments

Add, Amend, or Modify Special Transportation

Commitment Signatures

The **district** and the **parent/guardian/student** agree with this Addendum to the IEP and its implementation beginning:

Date _____

District Representative: _____

Date: _____

Parent/Guardian/Student: _____

Date: _____

NOTE: The Addendum to the IEP **does not** reset the due date for the next annual IEP Review.

DRAFT Addendum to the Individualized Education Program Manual

Student Information

Student's Name: _____ Date of Birth: _____ Date: _____
Date of Current IEP: _____ School: _____ Student ID: _____

- Student's Name – Fill in student name.
- Date of Birth – Write the month, day, and year.
- Date – Indicate the date the Addendum to the IEP was developed (month, day, and year).
- Date of Current IEP – Indicate the month, day, and year of the current IEP.
- School – Write the name of the school building the student attends.
- Student ID – Indicate a locally useful Student ID for central registry and record keeping. For everyday users of the Michigan Compliance Information System (MI-CIS) the number should be the MI-CIS ID so that the Addendum to the IEP can be easily linked to MI-CIS.

Purpose

The purpose of this Addendum to the IEP is to amend or modify: *(Check all that apply)*

- ☐ Instructional goals and objectives
- ☐ The amount of time in the current program
- ☐ Related services or provisions related to supplementary aids/services, assessment, or transportation
- ☐ Other _____

- The purpose of the Addendum to the IEP is to make minor changes to the IEP during the year it is in effect. If substantial or comprehensive changes need to be made to a student's IEP, an IEP Team meeting should be convened to develop a new IEP Team Report.
- The Addendum to the IEP **may not** be used for the following purposes:
 - To determine or re-determine any special education eligibility;
 - To change the type of program for the student; or
 - To exit the student from special education.

Participants

Student _____ Parent/Guardian _____
(if appropriate)
Local Educational Agency (please provide names and titles) _____

- All individuals involved in developing the Addendum to the IEP must be listed on this form.

Rationale

Briefly explain why this Addendum is needed:

Present Level of Academic Achievement and Functional Performance

If relevant, update the statement regarding this student's present level of academic achievement and functional performance.
(Attach any new goal pages.)

Amend or Modify Programs and Services

<u>Program/Service</u>	<u>Rule Number</u>	<u>Amount of Time</u>	<u>Frequency</u>	<u>Location</u>
_____	R 340. _____	_____ per _____	_____ times per _____	_____
_____	R 340. _____	_____ per _____	_____ times per _____	_____

- Record the type of special education programs and related services to be modified by the Addendum to the IEP. Include the title, rule number, amount of time and frequency, and location.

Amend or Modify Accommodations, Supplementary Aids, Services, and Personnel Support

	<u>Amount of Time</u>	<u>Frequency</u>	<u>Location</u>
_____	_____ per _____	_____ times per _____	_____
_____	_____ per _____	_____ times per _____	_____

- Note any change in accommodations, special provisions, supplementary aids, services, and personnel supports for school personnel that are provided in regular education classes or other education-related settings to enable students with disabilities to be educated with students who are nondisabled. Include the amount of time and frequency and location.

Changes to District and Statewide Assessments**Add, Amend, or Modify Special Transportation**

- For transportation, see IEP Manual Section 7-2.

Commitment Signatures

The **district** and the **parent/guardian/student** agree with this Addendum to the IEP and its implementation beginning:

Date _____

District Representative: _____ Date: _____

Parent/Guardian/Student: _____ Date: _____

NOTE: The Addendum to the IEP **does not** reset the due date for the next annual IEP Review.